U.S. Department of Labor Office of Labor-Management

## FORM LM-30 Washington, DC 20219, Gtuby LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.
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1. File Number U • 2958	2. Fiscal Year Covered From:
,	21 01 / 2004 Through: \$2 / 37 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name JAYES E SKOUICKI	Name CHICAGO - MIDWEST RECIONAL IT BRD. LINTE HE
	Labor Organization File Number 5/1-5/8
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 333 South Ashland	Street 333 South Asylpand
City CHICAGO	CHICAGO
State ILLINGIS ZIP Code + 4 60607	State JLL10015 ZIP Code + 4 60607
5. Position in labor organization.	TI PENEC
A. Held an interest in, engaged in transactions (including loans) with on monetary value from an employer whose employees your organizations.	derived income of other economic benefit of don represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name AMALGAMATED BANK OF CHICAGO  Trade Name, if any:	UNION GOLF OUTING 7/2004
P.O. Box, Bldg., Room No., if any	
Street ONE WEST MONROE	7.b. Amount.
City CHICAGO	# 125.00
State	
	nature
15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompar undersigned's knowledge and belief, true, correct, and complete. (See the s	ying documents), has been examined by the signatory and is, to the best of the
Signed Stone & Stone ki	On 6/32/05 3/2-73 5-6/06  Date Telephone Number
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Name of Person Filing James E. Skouicki		File Number U- 29	58
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name ALEX ZEID ~ ASSOCIATES  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street ISS VEINGSIEN COAD, SUITE 107  City DEERFIELD  State TALINOIS ZIP Code +4 60015	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	ion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ìg.	
Name ANALGAMATED SOCIAL BELLEFITS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	TWO GOL	= 00T1-065 - 9/2005	The state of the s
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City CHICAGO	11.b. Approximate dollar value	· · · · · · · · · · · · · · · · · · ·	#250.00
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	Tabellar vidovilosem Timer III i de de de estado e de estado de estado e estado e estado e estado e estado e e	
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Dowb, Bhoch + Bewett  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 8 South Michigan, Suite 1900  City CHICAGO  State TLLINGIS ZIP Code +4 60603	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name AMP COMMITED SOCIAL BEJEFITS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	CHRISTMAS GIET-CAN OF POPLORN
Street 333 SOUTH ASHLAND	11.b. Approximate dollar value of such dealing.
City CHICAGO	12.a. Nature of interest held or income received.
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	12.b. Amount.
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
P.O. Box, Bldg., Room No., if any	
F.O. BOX, Blug., Novill No., II ally	
Street	
City State ZIP Code + 4	
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Name of Person Filing James E. Skouicki	File Nu	imber U- 2958
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name ZAUDE + ASSOCIATES  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 3340 DUNDEE ROAD SUITE 2C3  City WOOTHBOOK  State Thiruss IZIP Code +4 68062	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
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Name AMNGAMATED SOCIAL BENETITS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	CHRISTMAS G	FIFT - HAM
Street 333 South Askhand	11.b. Approximate dollar value of suc	th dealing. #30.00
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Name of Person Filling Tames E. Skouicki		ile Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionally any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
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Trade Name, if any:	a. Labor Organizatio	/( <b>)</b>	
P.O. Box, Bidg., Room No., if any	c. Employer		
Street 300 E RoupohPh	himersoil		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing		etar francisco de destructura e communicación de destructura de destructura de destructura de la communicación
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P.O. Box, Bldg., Room No., if any	·		and the second
Street 730 BROADWAY	11.b. Approximate dollar value	of such dealing.	4125.00
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